

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/509323

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL DEP. | 31 | | | | | |
| TOTAL CLAIMS | 34 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS